राष्ट्रीय आयुर्वेद संस्थान, जयपुर और राष्ट्रीय होम्योपैथी संस्थान, कलकत्ता क्रमश: आयुर्वेद और होम्योपैथी में उन्नत शिक्षा प्रदान करने के लिए उत्कृष्टता केन्द्रों के रूप में स्थापित किए गए हैं। इसी प्रकार यूनानी और प्राकृतिक चिकित्सा के लिए एक-एक राष्ट्रीय संस्थान क्रमश: बंगलोर और पुणे में स्थापित किए जा रहे हैं।

भारतीय चिकित्सा पद्धति और होम्योपैथी की विभिन्न चिकित्सा प्रणालियों की औषधियों के मानकीकरण और गुणवत्ता नियंत्रण के लिए होम्योपैथी और भारतीय चिकित्सा पद्धति की एक-एक भेषज संहिता प्रयोगशाला गाजियाबाद में स्थापित की गई है।

दो फार्मूलरी आयुर्वेद में, एक यूनानी में और एक सिद्ध में निकाली गई है। होम्योपैथिक भेषज-संहिता के चार खंड निकाले गए हैं। आयुर्वेद की 80 एकल औषधों के संबंध में भेषज-संहिता मानकों को अन्तिम रूप दे दिया गया है।

यह मंत्रालय औषध निर्माताओं द्वारा अपेक्षित कच्चे माल की मांग और सप्लाई का पता लगाने, औषध-पादपों की जिन नस्लों को सप्लाई कम है अथवा जिनके विलुप्त हो जाने का खतरा है उनकी खेती करने पुनर्सर्जित करने, विभिन्न संबंधित विभागों में समन्वय स्थापित करने, जड़ी-बूटियां एकत्र करने वालों के लिए प्रशिक्षण कार्यक्रम तैयार करने, निर्यात को बढ़ावा देने के लिए कदम उठाने, नियंत्रण आदि के उपाय करने आदि के लिए औषधियों पादपों पर अनेक क्षेत्रीय विचार-गोष्ठियां आयोजित करता आ रहा है।

भारतीय चिकित्सा पद्धति के लिए केन्द्रीय सेक्टर में निधियों का आवंटन छठी योजना में 29 00 करोड़ रुपये से बढ़ाकर सातवीं योजना में 43 25 करोड़ रुपये कर दिया गया है।

Konkan Railway Project

1548. SHRI M A. BABY: Will the Minister of RAILWAYS be pleased to state·

(a) the present stage of the Konkan railway project in the west coast of India linking Mangalore with Bombay, and

(b) what are the reasons for delay in implementing the project?

THE MINISTER OF STATE OF THE MINISTRY OF RAILWAYS (SHRI MADHAVRAO SCINDIA): (a) Railway line has been commissioned from Bombay end upto Roha Survey and updating of earlier survey for different sections between Roha and Mangalore have been taken up to evaluate the project as a whole.

(b) Further action will be considered on completion of surveys depending on availability of resources.

Primary Health Centres in each State

1549 SHRI CHIMANBHAI MEHTA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what is the State-wise strength of Primary Health Centre;

(b) what number of people, on an average, are served by one health centre in a State;

(c) the manner in which the primary health facility in terms of number of people served per centre' compared with developed and developing countries.

(d) what steps are being proposed to bridge the gap of facility available and facility required at present and also for future; and

(e) what is the financial and technical requirement to bridge the gap; and what is the planned allocation?

THE MINISTER OF STATE IN THE DEPARTMENT OF HEALTH IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) A statement indicating the State-wise strength of Primary

Health Centres is placed. (*See* below).

(b) to (e) A Primary Health Centre is established for every 30,000 rural pouplation in general and 20,000 for tribal and hilly areas. This norm is proposed to be achieved in a phased manner by the end of 7th Plan period. Information with regard to Developed and Developing countries in this respect is not available.

To provide medical and health facilities at the door steps of rural poulation it is proposed:—

(i) to provide one Health Guide for every village and at least one trained Dai in every village;

(ii) to provide sub centre and one male and female multipurpose health worker for every 5000 rural population in general and for every 3,000 population tribal and hilly areas;

(iii) to open new PHCs so as to ultimately have one Primary Health Centre for every 30,000 rural population in general and for every 3,000 population in tribal and hilly areas;

(iv) to provide facilities for treatment in basic specialities at upgraded primary health centres|community health centres, to be established in a phased manner so that ultimately there is one upper rural population.

The targets under the scheme of training of dais, health guides establishment of sub-centres and primary health centres are proposed to be achieved fully i.e., 100 per cent by the end of Seventh plan. The establishment of Community Health Centres|Upgradation of PHCs will, however, be achieved 50 per cent by 1990.

Steps are being taken to train adequate health manpower to man these centres. An amount of Rs. 1063.35 crores has been provided under the State Sector Minimum Needs Programme and Rs. 33 crore for Centrally sponsored Schemes under MNP during 7th Plan.

Statement

No. of pr ary health centres functioning as on 30.6.86 (Figures are visional)

	States/UTs	
1.	Andhra Pradesh	996
2.	Assam	267
3.	Bihar	774
4.	Gujarat	355
5.	Haryana	207
6.	Himachal Pradesh	152
7.	J & K	122
8.	Karnataka	452
9.	Kerala	292
10.	Madhya Pradesh	810
11.	Maharashtra	1343
12.	Manipur	40
13.	Meghalaya	43
14.	Nagaland	51
15.	Orissa	512
16.	Punjab	1746
17.	Rajasthan	488
18.	Sikkim	19
19.	Tamil Nadu	698
20.	Tripura	77
21.	Uttar Pradesh	1480
22.	West Bengal	1157
23.	A & N Island	6
24.	Arunachal Pradesh	61
25.	Chandigarh	5
26.	D & N Haveli	4
27.	Delhi	8
28.	Goa, Daman & Diu	15
29.	Lakshadweep	7
30.	Mizoram	46
31.	Pondicherry	41
	TOTAL :	12274